

SECRET

TO : Finance Division

DATE: 23 December 1964

FROM : WH/B&P

SUBJECT: Request for Covert Payment Other Than Cash

It is requested that payment authorized on documents reflecting obligation reference number (or other divisional ref. no.) _____ be made in the following manner:

2 checks at \$200.00 each.

1. Payment to Rogelio Cimenes

NAME OF PAYEE (Type) STATUS (e.g.) CA: SA: CE: INTEGREE

By:

- a. _____ U.S. Treasury check (for official cover only)
- b. Bank cashier check (check city)

WASHINGTON, D.C.	BOSTON	CHICAGO	DALLAS	DETROIT
MIAMI	NEW YORK <input checked="" type="checkbox"/>	PHILADELPHIA	RICHMOND	SAN FRANCISCO

c. _____ Deposit to payee's bank account (complete par. 2, below)

2. Banking instructions (for use by Requesting Officer if instructions are not on file in Finance Division):

Account Name: _____

Bank: _____

Bank Address: _____

3. Payment by other means: (Discuss with Monetary Branch Banking Officer, Ext. 6925, if payment is to be made by 3a or b)

a. _____ Payment is to be originated by foreign bank. Specify requirements:

b. _____ Special instructions (Foreign and Domestic Bank Drafts, Cover Story, Travelers Checks, Letter of Credit, etc.) Specify:

Request two (2) checks be prepared both in the amount of \$200.00

4. For further information regarding this request please contact:

Al Amari 03

ext. 6153

7261

7262

SIGNATURE OF REQUESTING OFFICER

EXT.

Charles W. Anderson

SIGNATURE OF APPROVING OFFICER

EXT.

Edward A. Marakes

FOR USE BY FINANCE DIVISION ONLY

Payroll Number _____ Roll Number _____

Method of Payment _____ City _____

Form 4864 (Complete Previous
1-69)

SECRET

(22)

RETURN TO CIA
Background Use Only
Do Not Reproduce

DD

SECRET

George
When Filled In

~~CONFIDENTIAL FUNDS ARE REQUESTED FOR OFFICIAL BUSINESS OF A CONFIDENTIAL, EXTRAORDINARY OR EMERGENCY NATURE AND ARE INTENDED FOR USE AS FOLLOWS:~~

Payments to ABLE for activities in support of WB/SA Covert Action Program.

I certify that two bank cashier checks totaling \$100.00 will be passed on 1954, and that no further accounting will be forthcoming.

PAYEE		PAYMENT INSTRUCTIONS		AMOUNT
ARMED		ccs attached		\$100.00
<p>THE AMOUNT REQUESTED IS DUE THE PAYEE FOR SATISFACTORY PERFORMANCE OF DUTIES IN ACCORDANCE WITH THE TERMS OF HIS CONTRACT IN EITHER WRITTEN OR ORAL AGREEMENTS. (To be signed when applicable)</p>				
DATE	TITLE	SIGNATURE	APPROVED DATE SIGNATURE OF APPROVING OFFICER Edward A. Marallum	
23 Dec 1964	RR/S4/SO/CA	Charles W. Anderson		
I CERTIFY FUNDS ARE AVAILABLE				
COLIGATION REFERENCE NO.		CHARGE ALLOTMENT NO.		
RECEIPT FOR FUNDS I ACKNOWLEDGE RECEIPT OF FUNDS TO BE USED FOR THE PURPOSE STATED ABOVE				
DATE	SIGNATURE	DATE	AMOUNT	SIGNATURE OF PAYEE
	C/W/dec			

SPACE BELOW FOR EXCLUSIVE USE OF FINANCE DIVISION

FORM 496 USE PREVIOUS EDITIONS.
10-31

SECRET